

## **Application for Employment**

▶ Please fill in your name here (one letter per box).

Return to: ASSOCIATION OF BAY AREA GOVERNMENTS
P.O. Box 2050
Oakland, CA 94604-2050

TO APPLICANTS: We appreciate your interest in ABAG and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating your qualifications for this position. **Incomplete applications cannot be considered.** 

| Please type or print in ink.                      |                                    |                          |                  |             |       | ž<br>Z       |   |
|---------------------------------------------------|------------------------------------|--------------------------|------------------|-------------|-------|--------------|---|
| TITLE OF POSITIO                                  | N:                                 |                          |                  |             |       | Name         | _ |
| Use exact title from job annou                    | ncement and job number. Applica    | ation must be for an ope | n position.      | Job nu      | mber  |              |   |
|                                                   | job, use a separate application fo |                          |                  |             |       | Γ            |   |
| NAME:                                             |                                    |                          |                  | DATE:       |       | Ī            |   |
|                                                   |                                    |                          |                  |             |       | ľ            | _ |
| Last                                              | First                              | М                        | iddle Initial(s) |             |       | ŀ            | _ |
| ADDRESS:                                          |                                    |                          |                  |             |       | F            | _ |
| Street                                            | City                               |                          | State            | Zip Code    |       | ┟            | _ |
| TELEPHONES:                                       | ·                                  |                          | SOCIAL S         | ECURITY NUI | MBER: | -            | _ |
| Home ( )                                          | Work (                             | )                        |                  |             |       | -            |   |
| Were you ever discharge or unsatisfactory perform | IARKS".                            | NO 🗌                     | YES□             |             |       |              |   |
| May we contact your pre                           | aracter?                           | NO 🗌                     | YES              | -           |       |              |   |
| Do you have a valid Californian Number:           | ornia Driver's License?            |                          |                  | NO 🗌        | YES   | Initial (For |   |
| REFERENCES:                                       |                                    |                          |                  |             |       | r ABAG       |   |
| Name                                              | Telephone                          | Name                     |                  | Telephone   |       | G Use)       |   |
|                                                   | ( )                                |                          |                  | ( )         |       | 0            | _ |
| Address                                           |                                    | Address                  |                  |             |       |              |   |
|                                                   |                                    |                          |                  |             |       | L            |   |
| Name                                              | Telephone                          | Name                     |                  | Telephone   |       | ٦Ē           |   |
|                                                   | ( )                                |                          |                  | ( )         |       | 윽ㅣ           |   |
| Address                                           |                                    | Address                  |                  |             |       | ABAG         |   |
|                                                   |                                    |                          |                  |             |       | Use)         |   |
|                                                   |                                    |                          |                  |             |       | ات           |   |
| REMARKS:                                          |                                    |                          |                  |             |       |              |   |
| KEMI/KKKO.                                        |                                    |                          |                  |             |       | Ī            |   |
|                                                   |                                    |                          |                  |             |       | L            | _ |
|                                                   |                                    |                          |                  |             |       | Γ            | _ |
|                                                   |                                    |                          |                  |             |       | L            |   |

| EDU                                         | CATI      | ON:                |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
|---------------------------------------------|-----------|--------------------|-----------------------------------------------------|-------------------------------------------|--------------------------|--------------------|------------------------------------|-------------------------|------------------------------------------------------|--|
| Indicate the highest K-12 grade completed   |           | Name of            | Name of the school                                  |                                           |                          | Location           | Did you graduate? Yes □ No □ GED □ |                         |                                                      |  |
| ОТН                                         | ER E      | DUC                | ATION: College or Univ                              | versity courses, bu                       | usiness                  | or trade scho      | ols, corresp                       | ondence courses, work t | raining programs.                                    |  |
| Name o                                      | of school | or orga            | nization                                            | Graduated                                 | ı                        | # of years         | Degree                             | Major Subject           |                                                      |  |
| - Tame c                                    | 7 3011001 | or organ           | TILL COLOR                                          | Yes □ No                                  |                          | " or yours         | Dogroo                             | - Wajor Gabjeet         |                                                      |  |
|                                             |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Yes □ No                                    |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Yes □ No                                    |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Yes □ No                                    |           |                    | -                                                   |                                           |                          |                    |                                    |                         |                                                      |  |
|                                             | Yes □ No  |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| List all<br>as any                          | volunta   | ou have<br>ary wor | k relevant to the position be attached, but this so | . If you wish to<br>ection <u>must</u> be | elabor<br>comple         | rate on your       |                                    |                         | service if applicable, as well space, a supplemental |  |
| From                                        | 1110.     | уі.                | Name and address of Employer                        |                                           |                          |                    |                                    |                         | supervised                                           |  |
|                                             |           |                    |                                                     |                                           | Reaso                    | on for leavir      | ng<br>————                         |                         |                                                      |  |
| To<br>Part-tir                              |           |                    | -                                                   |                                           | Duties                   |                    |                                    |                         |                                                      |  |
| Full-tim                                    |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Monthl                                      | y salary  | /                  | Name and Title of Supe                              | ervisor                                   | 1                        |                    |                                    |                         |                                                      |  |
| Lowest<br>Highes                            |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Dates                                       | mo.       | yr.                | Name and address of                                 | -mplover                                  | Title of Position Number |                    |                                    |                         |                                                      |  |
| From                                        |           | , <u> </u>         | Name and address of Employer                        |                                           |                          | Reason for leaving |                                    |                         |                                                      |  |
| <br>To                                      |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Part-tir                                    | L<br>ne   |                    |                                                     |                                           | Duties                   |                    |                                    |                         |                                                      |  |
| Full-tim                                    | ne        |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Monthly salary Name and Title of Supervisor |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Lowest<br>Highes                            |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Dates                                       | mo.       | yr.                | Name and address of                                 | Employer                                  | Title o                  | of Position        |                                    |                         | Number                                               |  |
| From                                        |           |                    | -                                                   |                                           | Reason for leaving       |                    |                                    |                         |                                                      |  |
| То                                          |           |                    |                                                     |                                           | Duties                   |                    |                                    |                         |                                                      |  |
| Part-tir                                    | ne        |                    |                                                     |                                           | Duties                   | 5                  |                                    |                         |                                                      |  |
| Full-tim                                    |           |                    |                                                     |                                           | _                        |                    |                                    |                         |                                                      |  |
| Month!<br>Lowest                            |           | /                  | Name and Title of Supe                              | ervisor                                   |                          |                    |                                    |                         |                                                      |  |
| Highes                                      |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| Dates                                       | mo.       | yr.                | Name and address of                                 | Employer                                  | Title o                  | of Position        |                                    |                         | Number                                               |  |
| From                                        |           |                    |                                                     |                                           | Reas                     | on for leavir      | ng                                 |                         | supervised                                           |  |
| To                                          |           |                    |                                                     |                                           | Duties                   |                    |                                    |                         |                                                      |  |
| Part-tir                                    | ne        |                    |                                                     |                                           | Daties                   | J                  |                                    |                         |                                                      |  |
| Full-tim                                    |           |                    |                                                     |                                           | 1                        |                    |                                    |                         |                                                      |  |
| Monthly                                     |           | /                  | Name and Title of Supe                              | ervisor                                   |                          |                    |                                    |                         |                                                      |  |
| Lowest<br>Highes                            |           |                    |                                                     |                                           |                          |                    |                                    |                         |                                                      |  |
| 550                                         |           |                    | l .                                                 |                                           | 1                        |                    |                                    |                         |                                                      |  |

I certify that all statements made in this application are true and complete, and that any misstatements of material facts will subject me to disqualification or dismissal.

| CIONIATIES | P ATE |
|------------|-------|
| SIGNATURE  | DATE  |
|            |       |

## **Affirmative Action Section**

This section of the application form is used for Affirmative Action purposes only. Information obtained from the questions below will be used to monitor the effectiveness of ABAG's Affirmative Action Program; it will not be used to evaluate an applicant's suitability for a position. All answers are optional; you are not required to complete this section to be considered for a job.

| SEX:                                                                                                                                                |                                                                                 |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|
| □ Female<br>□ Male                                                                                                                                  |                                                                                 |                        |
| ETHNIC SELF-IDENTIFICATION:                                                                                                                         |                                                                                 |                        |
| □ Asian American: Persons of Chines □ Black: Persons of African descent as □ Spanish Surname: Mexican-America □ White: Anglo-Saxons, Europeans, and | ans, Mexicans, Chicanos, Latinos, and d persons of Indo-European descent        |                        |
| SPECIAL CATEGORIES:                                                                                                                                 | HOW DID YOU FIND OUT                                                            | ABOUT THIS POSITION?   |
| <ul><li>□ Physically Disabled</li><li>□ Veteran</li><li>□ Ex-Offender</li></ul>                                                                     | <ul><li>☐ Job Announcement</li><li>☐ Internet</li><li>☐ ABAG Employee</li></ul> | □ Newspaper<br>□ Other |